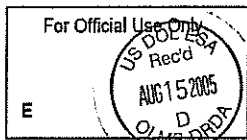


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8189	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ARTHUR M GIPSON P.O. Box, Bldg., Room No., if any Street 2123 5TH AVENUE City RONKONKOMA State New York ZIP Code + 4 11779	4. Name, file number, and address of labor organization. Name PLUMBERS LOCAL UNION NO. 200 Labor Organization File Number 529-417 P.O. Box, Building and Room Number, if any Street 2123 5TH AVENUE City RONKONKOMA State New York ZIP Code + 4 11779
5. Position in labor organization. ORGANIZER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>Arthur M. Gipson</i></u>	On <u>8/12/05</u> <u>631-981-2158</u> Date Telephone Number

Name of Person Filing ARTHUR GIPSON	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name PLUMBERS LOCAL UNION NO. 200</p> <p>Trade Name, if any: APPRENTICE TRAINING FUND</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1 AMES COURT SUITE 210</p> <p>City PLAINVIEW</p> <p>State New York ZIP Code + 4 11803</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State New York ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Collectively bargained benefit fund</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>APPRENTICE GRADUATION DINNER held on 6/12/2004</p> <p>12.b. Amount. \$65</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing ARTHUR GIPSON

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plumbinb Contractors Assoc. of Long Island

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 16 Lucinda Drive

City Babylon

State New York ZIP Code + 4 11702

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Business Association through collective bargaining

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Luncheon associated with educational seminar held on 6/10/2004

12.b. Amount.

\$26

Part B Continuation Page

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Name Plumbing Contractors Assoc. of Long Island

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 16 Lucinda Drive

City Babylon

State New York

ZIP Code + 4 11702

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Business Association

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Golf outing on 7/7/2004

12.b. Amount.

\$145

Part B Continuation Page

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Name Plumbing Contractors Assoc. of Long Island

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 16 Lucinda Drive

City Babylon

State New York ZIP Code + 4 11702

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Business association

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Christmas dinner held on 12/10/2004

12.b. Amount.

\$193